

**Improving the wellbeing of older members of refugee communities through  
collaborative partnerships and sustainable solutions:**

A workshop presented at the AUT Refugee Health and Wellbeing Conference

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**Workshop Abstract:** In a collaborative partnership between the above organisations in early 2009, an education and empowerment programme on stress and resilience was delivered to two elder groups (men and women) from the Somali community in Auckland. The challenges for elders from the literature and from participant's experience were identified as increasing the level of their social inclusion, developing their own changing roles and status within their community, and increasing their own sense of agency around resettlement issues. The programme focused on mutual support, existing and new strengths, and a philosophy of self-determination.

A public health approach to refugee trauma (Blanch 2008) was taken in the programme, along with using an ecological framework (Miller, Rasco 2004). There will be a brief outline of these approaches, but the workshop will focus on the experience of participants, with presentations from the elders themselves. This will highlight learnings which can be useful in other programmes with refugee elders..

## **Introduction**

In this article, the project partners are introduced, a theoretical background is outlined, and the remainder of the article will focus on the methodology and content of the project which draws participants from the Somali Federation Community. The project conclusions and the possibilities for sustainability are outlined at the end of the article.

## **Somali Federation Community Incorporated**

The Somali Federation Community has been active in Auckland since 2006 with the leaders previously involved in other community activities. The Federation is actively involved in the Auckland Refugee Community Coalition, and recently its Chair became

part of the Executive of the NZ National Refugee Network. The Federation organises language classes, youth sports clubs, and a radio programme. In the context of this project, the Somali Federation Community organised recruitment of participants, transport for each session, interpreters, appropriate refreshments and also reviewed and de-briefed session content.

Most Somalis have been settled in New Zealand for some years, with many reaching NZ in 1994/95. Somalis normally have a mortality age of 48 (EarthTrends 2003) so the project partners decided to vary the expected age range of 'older' participants to 48 +. The group participants were Muslim and the group tried to work around prayer times or would break if necessary. After discussion between the project partners, it was agreed that separate groups would be run for men and women, as is traditional.

Three community leaders, Abdikadar Mohamed, Mohamud Awed Jama and Dahaba Hagi, were instrumental in the success of the programme. Abdikadar Mohamed was very proactive in taking advantage of the project offer and contributed greatly to the shape of the programme. Mohamud Awed Jama and Dahaba Hagi interpreted language and sometimes cultural norms during the sessions in a way that facilitated meaningful communication and learning. Abdikadar and Mohamud also worked closely with other collaborative partners on an ongoing basis at the organisational level.

### **Mental Health Foundation**

The Mental Health Foundation (MHF) initiated the 'Stress and Resilience' project early in February 2009, as a mental health promotion programme for older people from a refugee background. The MHF works towards creating a society free from discrimination, where all people enjoy positive mental health and wellbeing. Their work seeks to influence individuals, whanau, organisations and communities to improve and sustain their mental health and reach their full potential. The Foundation is a national charitable organisation providing public advocacy, a Resource and Information Service, Suicide Prevention Information New Zealand, mental health promotion and the national and regional Like Minds, Like Mine campaign. The Foundation has a team of 10 Mental

Health Promoters based in Auckland working for youth, adult and older people in the Northland, Auckland and Midlands area.

One of MHF's objectives in the 2008/09 year was to promote and support positive ageing projects for particular ethnic communities. The Mental Health Foundation had been involved in a range of projects with refugee communities over its thirty year history. In this instance, a project proposal for refugee groups was drafted and discussed between Dale Little, the mental health promoter for adult/older population groups, and Jill Conway, Northern Manager of Refugee Services. The project proposal was then forwarded to the Auckland Refugee Community Coalition, made up of leaders from refugee communities, for consideration.

The project proposal stated that 'older people in the different refugee communities have enormous wisdom and experience but face particular challenges in New Zealand, particularly social integration and developing a sense of belonging'. It suggested a number of project options for older people and their communities to consider, including organising communal gardens, collecting life stories and group discussion around issues of resettlement. From an initial approach from leaders from the Somali Federation Community the decision was made to meet in groups to talk about stress and resilience in the context of a strength-based approach.

Prior to the project, the group facilitator (Dale Little) had two years' experience as a mental health promoter, and previously as a community worker she had contact with refugee families seeking safety and support. She had not been a group facilitator with refugee communities to date, however she had six years of facilitation experience with weekly women's support and education groups in the family violence field. She also researched refugee education groups and consulted with others. In particular, an Australian paper *Building resilience and sharing journeys – a group therapy model for working with newly arrived refugee women* was influential for the women's group (Nesci et al.2005) was helpful. The final programme was also discussed prior and then evaluated afterwards by the refugee leaders and Refugee Services.

## **Refugee Services**

The other key project partner was Refugee Services, the agency which helps these refugees to settle into their new communities. Refugee Services is concerned with refugee resettlement on three levels: service provision, public education and refugee policy. The MHF, Refugee Services and CCS-Disability Action had worked together the previous year developing and delivering a staff training around refugees with multiple issues – mental health and/or physical disability, and resettlement. For this project Refugee Services had limited resources but very useful experience and wisdom in working in collaboration with refugee communities. Northern Manager, Jill Conway, was happy to act as a mentor for the MHF facilitator particularly around issues of cultural appropriateness and to this end, attended almost all the group sessions. The other key role of Refugee Services was to provide immediate information in group time around social issues affecting participants – benefits or immigration, for example.

## **Theoretical Approach**

In the literature currently, there is debate as to ‘whether the use of Western mental health concepts and interventions is appropriate for ethnically, culturally, socially and religiously heterogeneity refugee populations’ (Gozdiak 2004). The MHF’s principle of emphasising strength-based and non-pathological holistic models was an appropriate approach with the Somali elder groups which fitted recent developments in theory. A belief in the human rights of people from a refugee background was fundamental for all three partners in the project. Some key mental health promotion principles and values from Te Tiriti o Waitangi, the Ottawa Charter (World Health Organisation, 1986), the *VicHealth Mental Health Promotion Framework 2005-2007* (Vic Health 2005), recovery principles (Health Promotion Forum, 2004) and a range of other sources informed the approach taken by the trainer. Participants were seen as experts in their own issues and understanding; collaboration was framed as between equal partners; coming together for peer support and learning were seen as empowering. In terms of content, the approach was not medicalised nor did it dwell on psychological ‘deficits’,

instead having a socio- ecological focus and a belief in the importance of societal as well as individual change. Blanch states:

‘Within the field of refugee services, there is a strong push to adopt a holistic, public health model and to focus on wellness, rather than illness...Similarly health promotion and strengths-based approaches support the national resilience displayed by many refugees.’ (Blanch 2008)

The socio-ecological model acknowledges the inter-relation between the individual and their environment. Although there are always ways that individuals can improve their own mental health, such behaviour is determined ‘to a large extent’ by the social environment, shared by all in the group. When individual, community and institutional factors are addressed together, it is the most effective way to achieve and sustain change (Miller & Rasco 2004).

Blackwell (2005) goes further in his assertion that people whose lives have been constrained or damaged by political violence do not see themselves as sick or as victims. Treating them as such de-politicises their experience and is inherently problematic. Of course, some people from a refugee background will nevertheless have severe trauma symptoms. Some of these issues may not have been addressed in the elder groups because of reluctance by individuals to dwell on the painful past in a group situation. The group had also been settled in New Zealand for a lengthy period of time (between 5 and 15 years).

However, in the group situation discussed here, it was made clear from the beginning that the facilitator was happy to meet individuals after the session, or talk by phone, if people needed a chance to talk about any issues that arise from the group. There was only one approach regarding the mental health of a family member which led to a referral to clinical services. Meanwhile, the group session was premised on there being common issues related to stress within the Somali elder community, but also strengths and solutions.

Central to these strategies were the religious and spiritual beliefs of the participants which gave the elders a purpose and explanation for living through difficult times, and for being positive about the possibility of change, both personal and political. The elders also spoke of the importance of support, and sharing experiences, that happened as a result of the group. Similar to research (Blanch 2008), the groups discussed the importance of self-care and self-healing, telling and hearing their experiences (mainly of resettlement) with an empathic spirit, making explicit their own strengths and values, and envisioning a better future.

### **Project Details**

In the first instance, a project proposal for refugee groups was drafted and discussed between Dale Little and Jill Conway, Northern Manager of Refugee Services. It was then forwarded to the Auckland Refugee Coalition made up of leaders from most refugee communities. The Somali Community Federation indicated that they were interested in the proposal. A face-to-face meeting was held, and following this, a project plan was drawn up and signed by each of the three groups.

As an example, the cross-cultural values agreed to in the project plan were:

- The cultural values and norms of the refugee participants will be respected at all times
- Those with refugee backgrounds are recognized as the leaders in this project
- All language used by agencies and participants will be accessible to speakers of English as a second language and/or appropriate interpreting services will be used as needs
- All information relating to the project will be accessible to all agencies and participants
- All communication processes will be open, honest and easy to understand

The project set up fortnightly two-hour sessions for men, and for women, which were held at a community centre local to all the participants. There were 10 – 15 participants at each of the sessions, along with an interpreter, the facilitator, the Refugee Services project partner and leaders from the Federation. The groups evolved differently based on gender. The men's group also quickly decided that Saturday was the best time to meet, given some of those interested held down jobs during the week. The women's group usually met on Monday. Refreshments were also provided for both groups, available half-way through each session. The food changed from Western-style to traditional Somali food, as the sessions progressed. The programme emphasised group interaction and open discussion on a range of issues.

### **Women's Group**

Most of the women's group's participants had met each other before, but had not had the chance to talk together in depth. They valued the chance to meet and talk together. In the evaluation of the course, they talked about coming to the group because of the subject of stress. "We came to the course because of things going on there – because of the subject. You can learn more about stress."

In the first session, the women talked about stressors – what causes stress in their lives? The common themes were their social isolation, their health, their children and dealing with housing and immigration problems. "When we came to New Zealand, we came like nothing, like zero, whether we were educated or had the language or not. The children go to school, but we can't go alone to different places, can't express anything" said one participant. They talked of their "relief" in sharing their experiences in a group setting.

That, and future sessions, ended on a positive note – what is one thing about yourself, or somebody else, that you admire? Initially, there was some laughter about this and someone explained that as Muslims, it was wrong to praise yourself. However, when the question was rephrased to add – how have you, or someone else been blessed by Allah

with a special quality? – all the group in turn identified a positive attribute with a lot of laughing and pleasure.

Each of the next four sessions was a mixture of positive and negative themes, social and individual issues, all relating to stress. In one, each participant went through her week, the contact she had with others, and whether that contact was positive or negative. Consequently, the women shared their midnight phone-calls from relatives who were still trying to survive in war-torn Somalia, or in camps at locations like Kenya. The women heard their relatives begging for help to come to New Zealand. Several of the women had immediate family members who they longed to help but were unable to because of New Zealand Government family reunification policies and lack of finance. The session was very emotional, but the women expressed relief at being able to come together and share the experience.

Information was shared with the group about stress symptoms. One example given by the facilitator was of people trekking to a refugee camp, and suddenly being surprised by a lion. (Some participants had experienced this, or heard of this from other people.) What happens physically or mentally when people suddenly have a stressful experience? When do you feel like that in day to day life today? How easy is it to shake off the experience? What happens when that stress stays with you? What can you do to help yourself?

Another of the sessions dealt with goal-setting. One of the primary ways to overcome stress is to reclaim a feeling of control and purpose. After discussion, the group members either identified or developed their own goal – examples were setting up their own handicraft stall, learning English better, being the best mother, helping a relative come into New Zealand, starting to swim.

In the final evaluation, the women commented that the group atmosphere was good. “We felt confident, happy, welcomed to the group’. They explained “the traditional way of dealing with stress is through religion. You would use a quote from the Koran – read



it, say a few words.” Their faith was discussed and confirmed as a primary means of dealing with stressful circumstances. They expected further help to deal with the Government in terms of advocating to change current policies. However, they were also grateful for being allowed to come to New Zealand “NZ has done a lot of things for us, the Government is good.”

## **Men’s Group**

The first session of the men’s group started with a long discussion by the project leadership and the participants about the project’s aims. Participants were unsure that they wanted to be involved unless their key grievances were going to be addressed effectively. The causes of stress were immigration and housing policies, plus lack of jobs, problems with disabilities and other Government policies. Those problems were raised with us – could we do anything about them? If not, the whole exercise may be a waste of time. As a participant said “We talked about it generally and agreed that it shouldn’t just be about general health, we should talk about everything.”

Group members usually knew each other prior to this project – some closely, some not. The participants commented “but not in the way the group managed to do. We are one community, know each other, will talk about what is good for the communities, discuss our families, how we feel.” They talked about another cause of stress as “the change from being the teachers and holders of knowledge to the ones dependent on others”. They discussed the family and intergenerational issues – the need for family reunification, the sense of being alone, of children not taking up the responsibilities of caring for the parents, which was a significant change in cultural practice.

The second session was very friendly and constructive, with a great deal of humour and some good learning. However, the same social issues were put on the table by participants. It appeared obvious that the group was seen as another possible forum to get longstanding issues resolved. These were issues that the Foundation felt were absolutely

relevant to the social determinants of stress, but would need a long term political campaign to tackle effectively.

A further issue raised by the participants was the methodology used in the project. The participants favoured a lecture-style format, while the Foundation wanted the sessions to be interactive, to share the knowledge of the group and to move away from the view of someone outside the refugee communities being seen as the expert. These developments, and others which would emerge, were also discussed by other members of the project team and particularly with Refugee Services. The decision was to change the format to meet the participant's needs. In the third session, for example, the facilitator delivered a talk on resilience which was well-received and provoked a lot of discussion. The general approach was to advocate collective action from a belief in the right of refugee communities to self-determination. Part of the talk was sharing the advances made by the Maori community led by their old people, and reinforced by a variety of cultural practices from kapa haka and waiata to Maori-run social, health and education services, the re-emergence of iwi as a political and economic force, and the philosophy of self-determination or tino rangatiratanga. The evaluation from participants included feedback such as "You teach us that unity is an important thing"; "you challenged our thinking"; "we had a feeling of self-belief".

Both the women's and men's groups also shared examples of successfully dealing with stress in day to day life and common cultural sayings that promote optimism and flexible thinking. The importance of talking about how you feel, developing strong relationships as the fundamental building blocks of your life, finding out good information and seeking help if needed were some of these examples. The participants also underlined the importance of faith. They also expressed their positive belief in the leadership of the Federation.

Overall, the men stated "We never forgot when we were holding the group. The outcome of this project was more than what was expected - how to deal with stress, talking to each other about it, the type of presentations. It was a great relief being together and being

with you people.” The men planned to go on meeting each month and passed their phone numbers around.

There was much discussion about other issues the group could deal with, particularly the gap between the generations. The changing roles of the young with no supervision from older people “where men have become silenced with their heads down” as one participant said. Elders need to claim back their status and seek to understand and be involved with the young. Both men and women also talked about the project being extended and the political issues (housing, jobs etc) being carried through.

## **Conclusion**

The programme - Improving the wellbeing of older members of refugee communities through collaborative partnerships and sustainable solutions – was new in several ways. For all three collaboration partners, both the partnership and the programme was new and untested. The facilitator was new to this particular area of work. For all participants, this was a different experience. The expectations of refugee communities from such programmes were also expressed more assertively, or perhaps listened to more respectfully, than in the past.

The publication of the document ‘Standards for Engagement – Guidelines for Central and Local Government, and Non Government Organisation Working with Refugee Background Communities’ in 2008 from the Changemakers human rights organisation in Wellington espousing a ‘nothing about us without us’ refugee self-determination message, provides a clear guideline for partnerships such as the Somali programme. One of the purposes of the Standards for Engagement is to ‘draw attention to the potential ‘power’ relationships that exist when we work together, to recognise this imbalance and, if possible to address it in an appropriate way’.

The Somali programme attempted to do this, within the parameters of a health and wellbeing approach. The project plan was signed off by all three collaboration parties.

The specific programme was chosen by the Somali leadership. Decisions were made in a collective way with any issues of concern being dealt with promptly.

The objectives of the programme were agreed to be:

- To improve the positive inclusion of older people in the life of their own Somali community
- To encourage older people to identify and discuss key issues in relation to their health and well-being
- To gather the lived experiences of older people to educate decision-makers such as state agencies and local government on the needs of older people from refugee backgrounds
- To engage older people as active participants in running the project
- To foster relationships of respect and trust between agencies based on shared decision-making and a recognition of the expertise of those with refugee backgrounds
- To run the programme as a pilot with feedback and evaluation methods which will identify issues for consideration from other communities

The method of facilitation used by MHF was shaped by the participants concerned. Evaluation was done at the end of each group session and incorporated into subsequent sessions; and then by three further workshops at the end of the course as participants prepared their workshop for the Refugee Conference. The direction of the course was determined largely by the group participants and the Somali Federation leadership as debriefing occurred regularly through the process. There were notable exceptions – for example, the facilitator decided that the women’s group should be women-only - the Somali leadership reluctantly acquiesced and the group themselves was not consulted. These were learnings made on reflection after decisions were made.

As stated above, the evaluation of the course was based on three sessions where both men and women participants were present. There was a clear call for the programme to continue, because of the view that the social and economic causes of stress had not gone

away – therefore, stress was an on-going problem. Stress led to worry, not eating properly, feeling lonely and isolated, mood changes, tiredness, and pains in the stomach and back. The participants said they had learned ways of mitigating stress such as exercise, seeking out friends and sharing worries, setting goals, involvement in the community, and accessing further help if necessary. ‘We are one community, we have got to know each other more, know people’s names, we talk about what is good for our families, and for the community’ one participant said.

The programme also spread its message through Somali radio and by word of mouth. It boosted the credibility of the Federation with its members. The evaluation showed that it gave the participants a sense of importance and identity because their views were sought and listened to both by other group members, the Federation leadership and by the other collaborating partners.

Two of the wider social and political problems raised by the participants were the lack of free access to quality English language classes and literacy classes in Auckland; and the urgent issue of more funding and places needed for family reunification purposes. The latter issue was heart-breaking for older refugees, many of whom had close relatives stranded in other countries, or worse, in Somalia itself or refugee camps in Africa. The Foundation’s approach is that there can never be public health including mental health unless there is social justice – the right for those from a refugee background to live with family, the right to decent health, employment, housing and social services, the right to live free from racism. These issues need urgent consideration.

The workshop at the Auckland University of Technology’s Refugee Health and Wellbeing conference in November 2010 was not long enough to enable all those attending (the collaboration partners, plus several men and women participants) to adequately present the nature and outcomes of our project. The collaboration ‘leaders’ spoke; the group participants did not have the opportunity. However the workshop provided an impetus to discuss the outcomes with a wider range of conference participants. This was valued by all concerned.

Where to from here? The collaboration partners are committed to continuing the project, perhaps with a different emphasis on capacity-building for the Federation, rather than service provision. However these discussions are on-going. The choice for the leadership of the Somali Federation is difficult. Like many underfunded refugee organisations, the choice is either capacity-building *or* service provision. The need for capacity-building is clear; but so is saving the radio-station or maintaining credibility with your membership which is starved of services. What will actually change with capacity-building in such a difficult environment? These decisions need to be made by the refugee communities themselves; non-governmental organisations with more power, influence and networks need to urgently advocate for better choices.

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